Month 00, 2016

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**First and Last Name**

***Job Title***

**HOUSTON INDEPENDENT SCHOOL DISTRICT**

Name of the School

0000 Name of Street • Houston, Texas 77000-0000

(Parent Name/Names)

0000 Name of Street

Houston, Texas 77000 - 0000

Dear (Parent Name):

On DATE, you received a letter indicating that your request for installing video and audio equipment in a special education classroom at NAME OF SCHOOL was approved. As of DATE, your child is no longer attending NAME OF SCHOOL The request is therefore being canceled.

Thank you for your interest in ensuring the safety of our students.

Sincerely,

First and last name, Principal

Name of School